

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031986

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

924

STATE FILE NUMBER

FILED SEP 18 1961

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St Joseph

Length of stay in 1b

4 Yrs.

c. CITY

OR TOWN St Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Mo. Meth. Hospt.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1708 Brookside

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Mamie

Middle

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Last

Pickett

4. DATE

Month

Day

Year

Sept. 12, 1961

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

6/5/1884

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Dekalb Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Robt. W. Christian

## 13b. MOTHER'S MAIDEN NAME

Dora Lee Tuttle

## 14. NAME OF HUSBAND OR WIFE

Ritchey Pickett

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Gilbert Pickett, 1708 Brookside

Address St. Joseph, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis Generalized Scurvy

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb 58 to 12 Sept 61 and last saw her alive on 12 Sept 61. Death occurred at 4:30 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

J. L. Mothershead Mm

## 22b. ADDRESS

5603 Federal

## 22c. DATE SIGNED

9-13-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9/14/61

## 23c. NAME OF CEMETERY OR CREMATORY

Evergreen

## 23d. LOCATION (City, town, or county)

Osborn Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

108 Swamerfield, Stewartville Mo

## 25. DATE REC'D. BY LOCAL REG.

Sept. 14, 1961

## 26. REGISTRAR'S SIGNATURE

Mrs. Clara Woodell

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*E. Summerfield*

Licensed Embalmer No.

*3007*

P. O. Address

*Stewartsville, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.